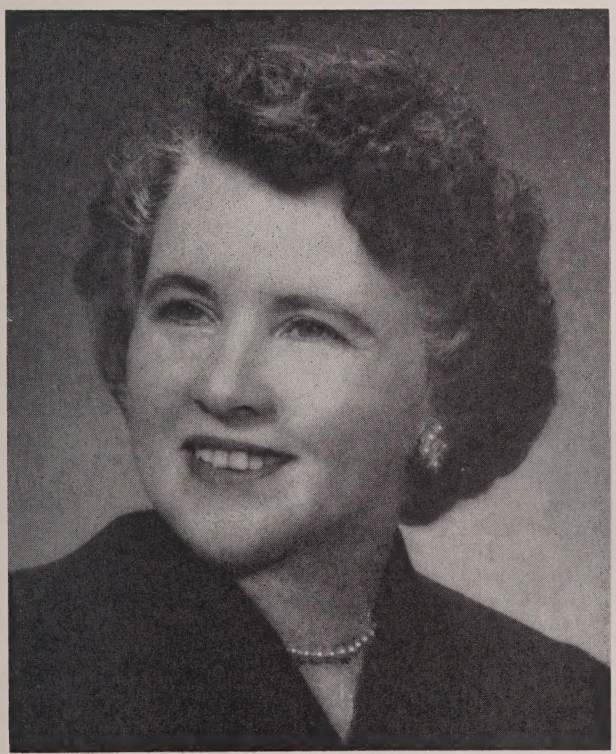
# The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XVI FEBRUARY, 1960 NO. 2

MRS. GEORGE L. ROSS, President,
The Woman's Auxiliary to the MMS.

(See page 16)

MEMBER
MEDICAL SOCIETY
MAGAZINE GROUP

# Hampden District Medical Society

**Founded 1840**

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*Vice President* . . . . . Alfonso A. Palermo, M. D.
*Secretary* . . . . . Harry N. Memery, M. D.
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| | | |
|---|---|---|
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| Harry N. Memery, M. D. | *ex-officio* | Howard B. Brown, M. D. |
| Azel P. Barney, M. D. | 1960 | Eugene W. Beauchamp, Sr., M. D. |
| Henry Burkhardt, M. D. | 1961 | Samuel Klibanoff, M. D. |
| Ralph T. Miller, M. D. | 1962 | George Corcoran, Jr., M. D. |

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*Public Relations* . . . . . Joseph M. Baker, M. D.
*Legislative* . . . . . Theodore R. Miner, M. D.
*Woman's Auxiliary* . . . . . Aldo Leani, M. D.
*Public Health* . . . . . Norman A. Pokorny, M. D.
*Insurance, Labor Relations and Industrial Accidents*
Warren D. Platt, M. D.
*Malpractice and Medico-Legal Affairs* . . . . Wayne C. Barnes, M. D.
*Nominating* . . . . . Ambrose J. Connelly, M. D.

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*Medical Advisory* . . . . . Noah N. Feldman, M. D.
*Blue Shield District Professional Service* . . . . M. Gene Black, M. D.
*Emergency Medical Service* . . . . . Peter Zarecki, M. D.
*Health and Accident Insurance* . . . . . William J. Cosgriff, M. D.
*Mental Health* . . . . . Olive A. Cooper, M. D.
*Rehabilitation* . . . . . Edward J. Ferrarone, M. D.
*Representatives on Community Council*
Alfonso A. Palermo, M. D. and Thomas F. Reilly, M. D.

# The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Published monthly except July and August

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THE HAMPDEN HIPPOCRAT, FEBRUARY, 1960

## EDITORIALS

### MEDICINE, 1975

The 79 medical schools in the United States are expected to graduate some 7,000 doctors during the coming year. Although to date the demand for medical service has been in equilibrium with the supply, the outlook for the future is precarious. The goal for 1975 is an approximate 10,000 new graduates. Estimates differ somewhat, but "The basic and urgent concern is that all estimates indicate a need for expansion of educational facilities in medicine in a brief period which far exceeds any expansion of such facilities that has occurred in a similar period during modern times".

The Above is from the latest AMA report on medical education in the United States and Canada*. This report suggests also that in order to meet the 1975 goal existing schools will have to be expanded considerably, and new ones will have to be developed. Two medical schools expect to graduate their first classes in 1960; two new ones plan to open their doors this fall, and two or three others are on the planning boards. This may sound promising, but it is hardly enough to meet the demands predicted for the next 15 years.

Even more critical than the need for more schools is the need for more first class medical students. In 1948 there were 25,000 applicants for admis-

* JAMA, Nov. 14, 1959.

sion; in 1958, 15,000. Most distressing of all, however, is that only one sixth of the entering classes since 1953-54 registered a scholastic average of "A". To quote Dr. Perrin H. Long: "We (the medical schools) are not getting the cream of the crop in students any more". Why? Some blame it on the high cost of medical education, while others ascribe it to the more attractive offers from business and industry, with their very generous student subsidies. But regardless of the cause, ways and means must be found to insure the uninterrupted supply of competent physicians, instructors and researchers in the field of medicine. (There are more than 650 budgeted unfilled full-time faculty positions in our medical schools today.) The AMA report urges all of us to do our share in this direction. "Medicine", the report emphasizes, "must make active efforts to inform young people of the breadth of interests and challenges it offers or surely it will suffer a serious loss of the best young talent. Through the joint endeavors of the American Medical Association and the Association of American Medical Colleges, informative career information has been developed in interesting form for high school students. Medical teachers and practitioners should take advantage of every opportunity to present this information to young people".

M.M.

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## FOR BETTER BEANS

With the ending of January, the month dedicated to the two-faced god, John A. Burke, M. D. will have climbed, like Jack in the bean-stalk, out of the smog and the turmoil of pediatric practice to an assistant directorship in the rarified atmosphere of the Massachusetts Mutual Life Insurance Company. He will continue to serve his fellows as President of the Hampden District Medical Society until the end of his term in May, but alas there inevitably will be gnashing of many an uncut gum in our hinterland with rising tides of maternal frustration that tend to crest between 8 and 9 A. M., since his telephone no longer can bring surcease.

Looking back like Janus over John's ten years of clinical service to the fellows of Hampden — and the ladies too, if not the offspring — and say: "Well done John Arthur, good and faithful servant!" Likewise, looking forward, may you bring drachms enough of your healing Gaelic oil to rub out all the knots in future problems. May you out-run Dr. Oliver St. John Gogarthy's Endymion himself, say we. Selah! E.P.B.

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The opinions expressed in The Hippocrat do not necessarily represent the official viewpoint of the Hampden District Society.

# President's Page

In recent years Hampden District has become quite conspicuous at our State Society's headquarters because of our dissatisfaction with the way our interests before the State Legislature have been handled in the past.

To cite three recent examples: as a District we have protested vigorously against raising Blue Shield income limits, the "harmful drug" Act, and the permissive bill to admit chiropodists to Blue Shield.

Strangely enough, these protests are received at the Fenway with a certain amount of condescension, and one gets the impression that at least some of our state officers wish we would be quiet and not persist in deciding for ourselves what is best for us.

It is interesting, then, to note that several other districts have begun to rally to our support, and to act the same way in demanding to know what's going on, any why.

In explaining our concern over the three cases cited above, it must be pointed out that all three involve the principle of fait accompli, and to prevent future occurrences of this sort, the Executive Committee of this District has voted to request the State Society to broaden our coverage of pending legislation.

In the past, information about pending bills in the State legislature pertaining to physicians, was difficult to come by. This year for the first time, both the District President and the Legislative Councilor (our capable and devoted Ted Miner) are sent advance information on pending medical legislation. Now we are requesting Society headquarters to furnish all of our councilors with this advance information. If this can be accomplished, we may soon see the happy day when we can let our State leaders know our feelings *before* the balloon goes up — and won't that be a refreshing change?

John A. Burke, M. D.

## JANUARY EXECUTIVE MEETING

Below is a summary of the January 19th District Executive Committee meeting.

1. A letter from Dr. Platt was read proposing that a member of the Bibler Committee of the A.M.A. (Relative Value Index) be asked to speak at the next district meeting. The committee felt that this may be possible at the annual meeting or at a special meeting.
2. Dr. Miner appeared before the committee to request suggestions for getting information on pending legislation, pertinent to the medical profession, before the membership. It was voted to send copies of the entire "Legislative Report" to all councilors and to have a condensation published in The Hippocrat.
3. The result of the Forand Bill poll was reported as 2 for and 366 opposed. 124 did not respond.

The Grievance Committee considered the following:

1. Complaints relating to chiropractors reportedly indulging in the practice of medicine in Hampden District.
2. A complaint against an optometrist advertising in the newspapers under the title of "Doctor" without specifying optometrist as required by law.
3. A complaint against a physician reportedly giving inadequate treatment.
4. Complaints about an applicant for membership in the Society who is reportedly practicing part time in the community and is leaving his practice uncovered during his absence.

Harry N. Memery, Sec.

## COMING EVENTS

Springfield Academy of Medicine
March 8

American College of Allergists
March 2, 3 and 4, Miami Beach, Florida

American Academy of General Practice
March 19 - 24, Philadelphia, Penn.

American College of Physicians
April 4 - 8, San Francisco, California

Mass. Medical Society — Annual Meeting
May 17, 18, 19 — Hotel Statler, Boston

## WESSON ELECTS

At the recent Annual Meeting of the Wesson Memorial Hospital the following officers were elected:

*President*: John Turner
*Vice-President*: Donald Hayes
*Secretary-Treasurer*:
Samuel Klibanoff
Vassos

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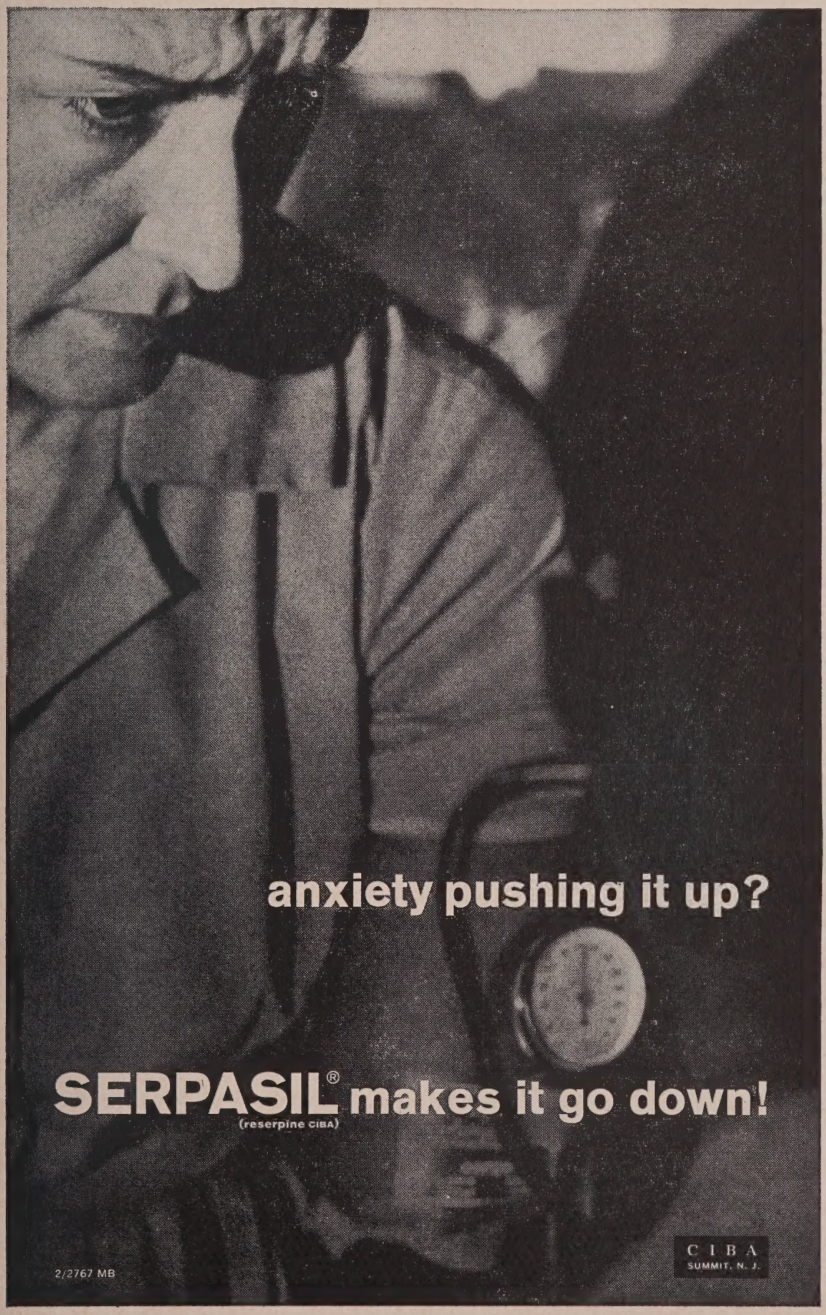
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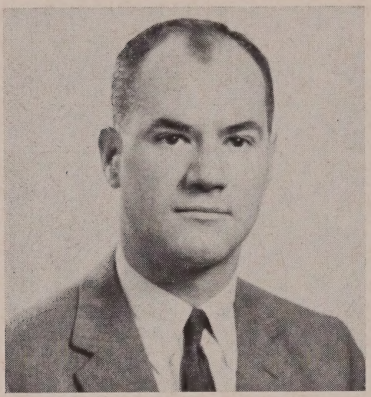
## WELCOME . . . . . .



SHERWOOD DAVIDSON, M. D.

Transfer from Norfolk District Medical Society
Office: 20 Maple Street, Springfield, Mass.

Born: July 28, 1924 - Worcester, Mass.

Medical School:

Albany Medical College of Union University, Albany, N. Y. - 1951.

Internship:

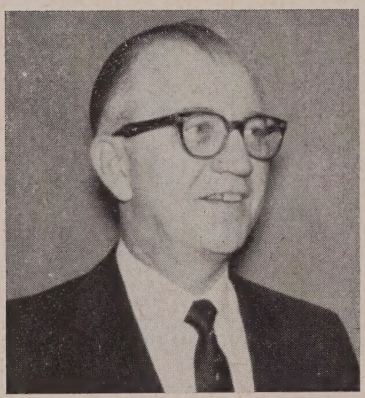
Boston City Hospital, 1951 - 1952

Residencies:

Boston City Hospital, 1952 - 1953
Boston State Hospital, 1953 - 1954
New England Center Hospital, Boston 1954 -1955
National Hospital for Nervous Diseases, London, G. B. — 1955 1956

Specialty:

Neurology.



JOSEPH V. KOWALSKI, M. D.

Transfer from Hampshire District Medical Society

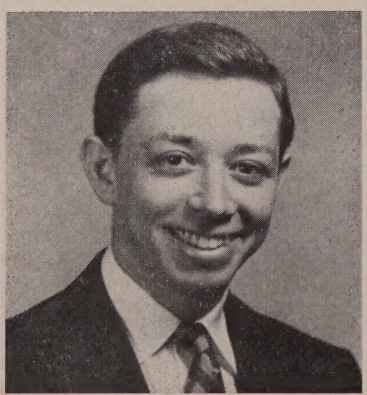
Office: 67 South Street, Ware, Mass.

Medical School:

Hahneman Medical College, 1929 - 1931
Middlesex College of Medicine and Surgery 1931 - 1933

Internship:

Hazard Memorial Hospital, Long Branch, New Jersey, 1933 - 1934.



HENRY G. RING, M. D.

Transfer from Essex, South, District Medical Society

Office: 111 Maple Street, Springfield, Mass.

Born: July 26, 1927 - Burlington, Vt.

Medical School: Harvard Medical School - 1953

Internship:

Barnes Hospital, St. Louis, Mo. 1953 - 1954.

Residencies:

Barnes Hospital, St. Louis, Mo. 1954 - 1955
Children's Hospital, Boston, Mass. 1955 - 1956
Mass. Eye & Ear Infirmary, Boston, Mass. 1956 - 1959

Specialty: Ophthalmology.

# TRANSFEREES

ROLAND N. TESSIER, M. D.

Transfer from Hampshire District Medical Society

Office: 74 South Street, Ware, Mass.

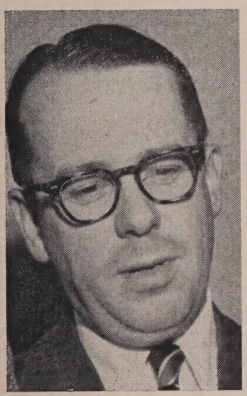
Born: September 15, 1911 - Holyoke, Mass.

Medical School:
Yale University School of Medicine - 1943

Internship:
Good Samaritan Hospital, Cincinnati, Ohio 1944

Residencies:
Wilson Memorial Hospital, Binghampton, N. Y., 1947 - 1949.
Mercy Hospital, Wilkes Barre, Pennsylvania, 1949 - 1950

Specialty:
General Surgery



HENRY S. M. UHL, M. D.

Transfer from Worcester District Medical Society.

Office: Springfield Hospital, Springfield, Mass.

Born: July 23, 1921 - Wilkes Barre, Penn.

Medical School:
Harvard Medical School - 1947.

Internship:
Johns Hopkins Hospital, 1947 - 1948.
Medical Service, Henry Ford Hospital, Detroit, 1949 - 1950.

Residencies:
Johns Hopkins Hospital, 1948
Medical Service, Detroit Receiving Hospital 1951 - 1952

Specialty:
Internal Medicine, Medical Educatoin.

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MARIE A. DELUCA, M. D.

Transfer from Middlesex West District Medical Society

Office: Monson State Hospital, Monson, Mass.

Medical School:
University of Kansas City, 1929.

Internship:
Beekman Street Hospital, New York, 1929 - 1930
Brooklyn Infants' Hospital (Pediatrics) 1931 - 1933

Residencies:
Overlook Hospital, Summit, New Jersey (Anesthesia)
Harbor Hospital, New York City, 1935 - 1937
Clinical Director, Monson State Hospital since 1958.

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WILLIAM F. HALLISEY, M. D.

Transfer from Worcester District Medical Society

Office: 90 South Street, Ware, Mass.

Born: January 6, 1926 - Brockton, Mass.

Medical School:
Tufts College Medical School - 1954

Internship:
Worcester City Hospital, Worcester, Mass. 1954 - 1955

Residency:
Worcester City Hospital, Worcester, Mass. 1955 - 1959

Specialty:
Surgery.

## RELATIVE VALUE SYSTEM

The following is a descriptive list designed to help doctors in evaluating the Relative Value System. It also presents some of the many variations which can be applied to the advantage of the doctor in dealing with his patients, labor groups, insurance companies, etc.; and at the same time, improving his public relations by a willingness to cooperate.

The Committee on Insurance has no intentions of "setting up" a fee schedule or ground rules for the district. Our main purpose is to present some of the possible variations. If the society decides to accept the Relative Value System in principle, the various specialties and general practice groups may set up their own rules and values with the assistance of this Committee.

RELATIVE VALUE STUDY

*Descriptive*

1. Not a fee schedule but can be utilized as a guide if a fee schedule is desired.
2. Is a way of evaluating a physician's services based on time, effort, expense, experience, and ability.
3. Is self-imposed and expresses the physician's evaluation of his own services.
4. Not imposed by unions, etc. but is an aid to health insurance agencies in predicting cost of coverage.
5. Enhances public relations.
6. Insures physicians's bargaining power against agencies supplying inferior insurance as well as against public agencies offering substandard fees.
7. Solidifies bargaining position against proposed and existing governmental price setting. (Medicare and Forand Bill)
8. At present, must not be confused or conflict with prior agreements with Blue Shield, Medicare, and Welfare agencies. Eventually may influence the fees allowed by these agencies.
9. At present, will apply to non-insured public and to patients carrying policies in which no prior agreement made.
10. More effective if adopted by State Society. Receives more publicity and wider acceptance. However, each society can set up its own unit values to fit its own needs.
11. Recommended by the American Medical Association.
12. Adopted by California, Kansas, Iowa, District of Columbia, etc.
13. Need not conform to previous Relative Value Studies in other states.
14. Values can be altered at yearly intervals.
15. "Ground Rules" may vary according to the wishes of the society.
    Ex: An assistant's fee can be established separate from the surgeon's fee.
16. This system can separate medical, surgical, radiological, and patho-

COMPLIMENTS

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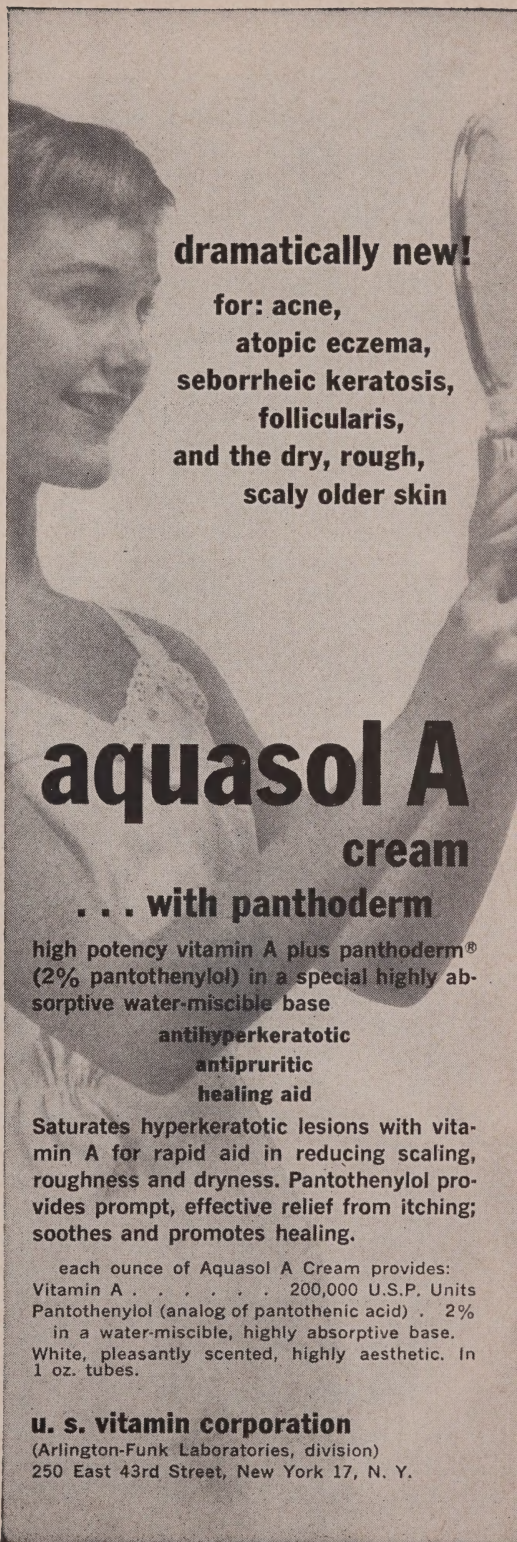
logical values for services as done in California or can be separated further into pediatric, dermatological, internal medical, orthopedic, etc. values.

17. This System is voluntary even though our medical society may vote for it as a group. It cannot be compulsory, but it may bring fees closer together.
18. If it becomes a fee schedule, some doctors will resent it as they would resent any system of fees. However, it may represent an improvement for those doctors who are already accepting set fees from insurance and welfare agencies. These men will have a voice in what value is placed on their services. At present, their voices are not always heard.
19. Some doctors resent the fact that their fees for labor will "average out" by lumping the easy with the difficult cases. It is also timely to note that the doctors are *now* "averaging out" by being relatively well paid for many cases done on individuals of low income if insured.
20. In our ground rules, we may graduate our values according to income levels as done in San Joaquin, California. Also, we can set a ceiling on income groups beyond which an unrestricted fee can be charged, as exists in Blue Shield.
21. In any unusual case, a clause in the ground rules may read that a special fee may be obtained on request.

Warren D. Platt, M. D., Chairman
Committee on Insurance, Labor and Industrial Accidents

FIGHT THE FORAND BILL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## HIGHLIGHTS OF JANUARY (26) MEETING

Dinner-Meeting is held at Old Storrowtown, West Springfield . . . Attendance is 181 against 260 reservations . . . Social hour is called for 6 p.m. instead of the usual 6:30 p.m. . . . President Burke calls meeting at 8:40 p.m. . . .

Secretary Memery reports results of recent Forand Questionnaire: 366 are against it, two for it . . . 124 did not reply . . . Dr. Platt reports for Committee on Insurance, Labor Relations and Industrial Accidents . . . His motion that Hampden District favor the establishment of a state committee to study and disseminate information concerning Relative Value System is adopted . . . Dr. Miner reports Legislative Committee meeting held on January 13 in Boston . . . The Massachusetts Medical Society has sponsored a bill in the state legislature to replace the present Harmful Drug Act . . . In behalf of the Board of Editors Dr. Millman presents an award to Dr. Robert D. O'Malley, Holyoke, winner of recent essay contest . . . Dr. Zarecki reports for Emergency Medical Service Committee: 1390 emergency calls for Springfield . . . 194 for Chicopee and 59 for the Indian Orchard-Ludlow area . . . 5% of all calls were from known alcoholics; 1% from hotels, motels and other institutions . . . There is a bill pending which would compel physicians to cover emergency cases or be subject to a $100.00 fine . . . Action against it has already been taken by Legislative Committee, according to Dr. Miner . . .

Special guest of evening is Lawrence Dame, M. D., President, Massachusetts Medical Society . . . Title of his talk is "Present Crisis In Medical Economics" . . . Times, he says, are those of upsets and changes . . . Changes in medical economics are coming about because of changes in economics in general . . . By and large the public is satisfied with Blue Cross - Blue Shield . . . The M.M.S. has plans for six consecutive investigations, five of which are already under way, including welfare, commercial insurance and utilization of Blue Shield . . . He calls attention to abuses of Blue Shield by a very small number of individuals . . . His presentation is very well received. . . .

Hardship case of a Holyoke refugee physician seeking registration is considered. It is voted to refer matter to Executive Committee . . .

Meeting adjourns at 10:15 p.m.

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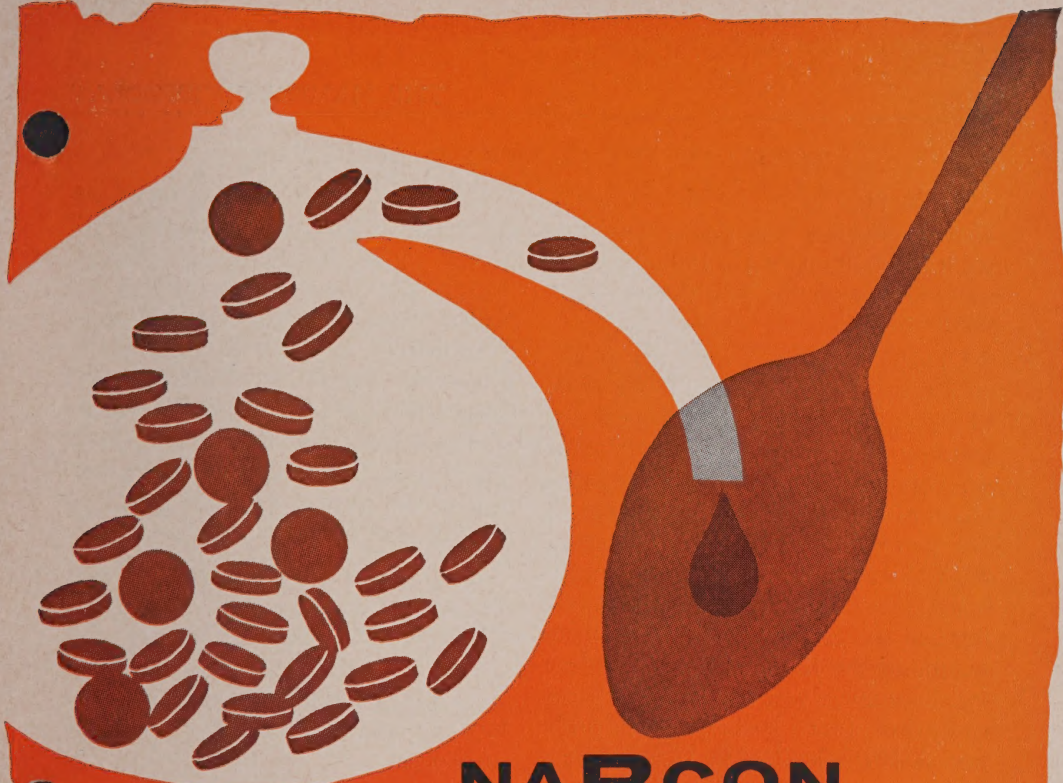

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## REPORT OF THE LEGISLATIVE COUNCILOR

At the meeting of the Massachusetts Medical Society Legislative Committee held on January 13, 1960, some 89 bills, filed with the Legislature, were discussed.

One bill would require every physician practicing medicine in this state to register with Boards of Health for monthly 24 hour public call duty. This was opposed. The bill establishing a board of chiropractors was opposed. A bill permitting graduates of foreign medical schools to take the state examinations for licensure without first taking and successfully passing the examination by the National Board of Medical Examiners was opposed. A special study commission is studying this problem. A bill, submitted by Congressman Pressman relative to the sale, possession and distribution of restricted drugs, which would make the present Harmful Drug Act look almost like utopia, was strongly opposed. A bill to extend the certificate of limited registration held by a physician in a community within our district was opposed, as was the bill to register this physician as a qualified physician and issue him a certificate of registration. It seems, a bad precedent to set, allowing a lay body (the legislature) power to grant a license to practice medicine. "Line of duty" and "Heart law" extension bills were opposed. Many other bills including certain changes in the Board of Registration in Nursing were opposed.

I mention the above as examples of the present alertness of the Committee to the possible passage of bills detrimental to the physicians and their free practice of medicine.

On the other side of the ledger were many bills which the Committee supported. The Massachusetts Medical Society sponsored bill to amend the present "Harmful Drug Act" is strongly supported, and will be presented at a hearing before the Public Health Committee by your legislative councilor and others on February 9, 1960. The hoped for acceptable interpretation of the present drug act would be unacceptable to their membership.

Another Society-sponsored bill restricting the practice of Chiropody to *EXTERNAL* treatment of the feet will be strongly presented at a hearing of the state legislators by Dr. Murphy and a group of orthopedic surgeons.

Dr. William E. Hines, the new Chairman of our State Legislative Committee, is very thorough in his consideration of the various bills presented to the Committee. There has been a healthy aggressiveness on the part of the Committee in discussing the bills, and I sincerely believe that the viewpoints of the Massachusetts Medical Society will be, in the future, more realistically brought to the attention of the legislators. I can only repeat what I have said before, that contact with your legislators, preferably personally, or if that is not possible, by letter is important. We all, as physicians have a stake in our medical legislative position in these rapidly changing times. Our District and State Legislative Committees can not, nor should they be asked to do the job alone.

Theodore R. Miner, M. D.
Legislative Councilor

# ATTENTION COMMITTEE CHAIRMEN!

In order to shorten the coming Annual Meeting the Executive Committee recently voted that not all annual reports need be presented at that meeting.

Reports which are purely informational in character may instead be published in the Hippocrat. The only requirements are; (1) that the report not exceed the maximum of 300 words, and (2) that the report reach the desk of the Editor-in-Chief not later than March 20.

These reports will appear in the April issue of the Hippocrat prior to the Annual Meeting.

Reports containing "recommendations" will still have to be presented at the Annual Meeting.

Chairmen of sub-committees will not present reports at the Annual Meeting. They will report instead to their respective Parent Committees.

Your co-operation is urgently requested.

Harry N. Memery, Secretary

## IN MEMORIAM

### JOHN J. DAVID, M. D.

1923-1960

**Dr. John J. David of Springfield died at the Wesson Memorial Hospital, Springfield, on January 10, 1960.**

**Dr. David was born in Berlin, Germany, on June 8, 1923. He graduated from the School of Medicine at Tulane University, New Orleans, Louisiana, in 1948, after undergraduate work at Cornell University, Ithica, New York, and the University of Iowa, Iowa City, Iowa. He interned at the Walter Reed General Hospital, Washington, D. C. in 1949 and served a residency in internal medicine at the Veteran Administration Hospital in West Roxbury, Massachusetts, in 1950. Dr. David came to Springfield in 1951 where he entered into the general practice of medicine.**

**Dr. David was affiliated with the Springfield Hospital and the Wesson Memorial Hospital. He was a member of the American Medical Association, the Massachusetts Medical Society, and the Hampden District Medical Society.**

**Deepest sympathy is extended to the surviving members of his family and to his many friends and associates.**

## SPRINGFIELD HOSPITAL PRESENTS AWARDS

An award luncheon was held at which 10 doctors were cited for service. Service pins were presented by Harry G. Webster, president of the hospital's board of trustees. Doctors receiving recognition for 20 years each on the medical staff were:

Dr. Leonard E. Anderson, visiting dermatologist; Dr. Howard W. Gourlie of Thompsonville, Conn., consultant, general surgeon; Dr. Lewis L. Huston, assistant visiting orthopedic surgeon; Dr. James V. Scola, surgeon in chief and visiting surgeon; Dr. Jules R. Setnor, assistant visiting physician, and Dr. Calvert Stein, consultant, neuropsychiatry.

Doctors receiving recognition for 10 years each were:

Dr. Carroll Bryant, anesthesiologist in chief and visiting anesthetist; Dr. William Kaufmann, pathologist in chief and visiting pathologist; Dr. Warren D. Platt, Jr., associate visiting physician and Dr. David W. Williams, urologist in chief and visiting urologist.

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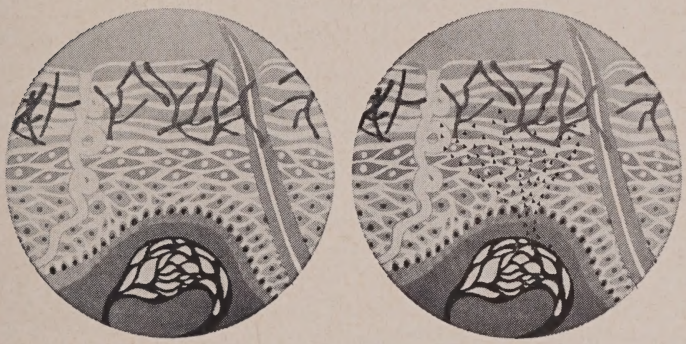

1 Pathogenic fungi invade and proliferate in the stratum corneum (and also in keratinized part of nails and hair), where they are usually inaccessible to treatment from the outside by topical antifungal agents, even with the aid of keratolytics.

2 Following oral administration, FULVICIN is absorbed and incorporated in newly growing dermal cells. As these cells approach the surface and become keratinized, they retain sufficient amounts of FULVICIN to provide fungistasis. FULVICIN has also been identified in hair shafts in fungistatic concentrations.[2]

3 Hyphal (filamental) tips of fungi are curled, contorted and stunted by FULVICIN.[3] Growth ceases, further penetration of keratin halts, and the fungal disease is arrested.

4 Fungus inhibited by FULVICIN is cast off as keratin grows out and sloughs off. Healthy tissue replaces infected keratin of skin, hair or nails.

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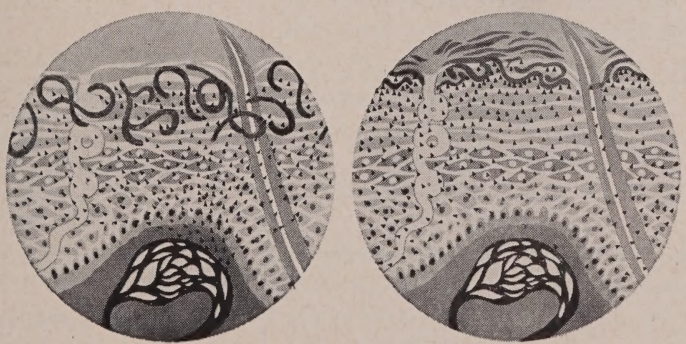

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**References:** (1) Williams, D. I.; Marten, R. H., and Sarkany, I.: Lancet *2*:1212, 1958. (2) Gentles, J. C.; Barnes, M. J., and Fantes, K. H.: Nature *183*:256, 1959. (3) Brian, P. W.; Curtis, P. J., and Hemming, H. G.: Tr. Brit. Mycol. Soc. *29*:173, 1946.

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*T.M. 5-237

## REPORT OF THE PRESIDENT

by

**Mrs. George L. Ross (Holyoke), President**
**The Woman's Auxiliary to the Massachusetts Medical Society**

In this summary of the State President's activities, I would like to inform the Medical Society of our objectives.

1. To assist the Medical Association in its program for the advancement of medicine and public health.
2. To coordinate and advise concerning the activities of constituent auxiliaries.
3. To cultivate friendly relations and promote mutual understanding among physicians' families.

The social side has played an important role in the development of the Woman's Auxiliaries, not only from the entertainment angle, but in cultivating friendly relations and promoting mutual understanding on the district, state and national levels. On the basis of friendship and common interests, it has been possible to work effectively toward the carrying out of the other objectives of the organization.

The State Auxiliaries have materially assisted in defeating laws which would jeopardize the public health. Politically sponsored medicine has been repeatedly called to the attention of our State Auxiliary and in turn to the District Auxiliaries.

Both in the State and the Districts some type of Scholarship fund has been maintained, either for Nurses' Scholarships or Para-Medical Careers.

At the present time the State Auxiliary considers Recruitment in Careers and Legislation as major projects. Effective work is accomplished in many ways through "Future Nurses Clubs". To acquire funds for these Scholarships, the social side of the Auxiliary is brought into use through the "White Cap Balls" (a formal dinner dance held by many District Auxiliaries).

Regarding the Forand Bill which has been brought to our attention through the A.M.A. and the National Auxiliary, we are attempting to be helpful in cooperating with District, State, and National Medical Societies. Wives of physicians can do much to enlist continued support of the A.M.-

(See next page.)

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A.'s campaign against the Forand Bill.

As to membership, every Auxiliary member is urged to participate in some phase of the program, to be a happy active member, and to be on the look-out for potential members.

We strive to be known as Auxiliary members who are interested in promoting better community health through a united effort.

Through the untiring efforts of the past State Presidents, and in the program for 1959-1960, the aim is to broaden the Auxiliary program. We hope to maintain the high ideals of the Medical profession—to serve the purpose for which the Auxiliary was formed.

Notebook jottings will trace for you the torturous trail that an Auxiliary President must follow:

Upon taking office, had first Executive Board Meeting in May.

Attended the A.M.A. Conference in Atlantic City, June 5 - 10. The highlight of this Conference was hearing President Eisenhower, and President Orr of the A.M.A. The latter was most dynamic in his acceptance speech.

On June 15 had a meeting in Worcester for all District Presidents. Purpose of this meeting was for orientation.

There was no let-up in July. Was alerted through National Auxiliary on the Forand Bill. Contacted as many members as possible to have them write their Congressmen in regard to the hearing which was coming up the following week. Auxiliary members really responded in this action.

In September there were 2 Schools of Instruction and Seminars, a Western Regional held in Holyoke at the Providence Hospital, and the Eastern Regional held at 22 The Fenway. The attendance and interest at these Seminars was most satisfactory.

Then there was the Conference on the Aged, sponsored by the A.M.A., held in Boston. Had Auxiliary representation for the 2 days of this Conference. Gained a vast amount of knowledge which is being used in our Community programs.

Through the State Chairman on Legislation, held a symposium on Legislation at the State House in Boston. The purpose of this meeting was to acquaint District Legislative Councilors and District Presidents with the

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proper procedures of presenting bills for hearings.

Next on my travels was the Conference of the Woman's Auxiliary to the American Medical Association, held in Chicago, October 5 - 7, 1959. There was representation from the 50 states and the District of Columbia, by the Presidents and the President-Elect. Again we were informed of the serious crisis confronting Medicine in the Forand Bill. An all out effort is being made by the Auxiliaries to give their assistance to the Medical Societies with their program to defeat this bill.

In between Conferences and meetings, have visited several Districts. The Districts are to be complimented on their interesting programs in attempting to carry out the aims of the Auxiliary.

In January there will be the Mid-winter Conference in Boston. At this time there will be guest speakers, reports read by State Officers, State Chairmen, and District Presidents, and the report of the Nominating Committee.

More Districts to visit, which means more traveling and absence from home and my family.

Summarizing the activities, reports will be made out for the State Medical Society and the National Auxiliary. The closing scene of the year will be the Annual Meeting of the M.M.S. held in May at Boston, Mass.

It is my hope that in this brief report of what the State Auxiliary is doing, the Medical Society will become aware of the sincere efforts we are making to be of assistance when needed. End

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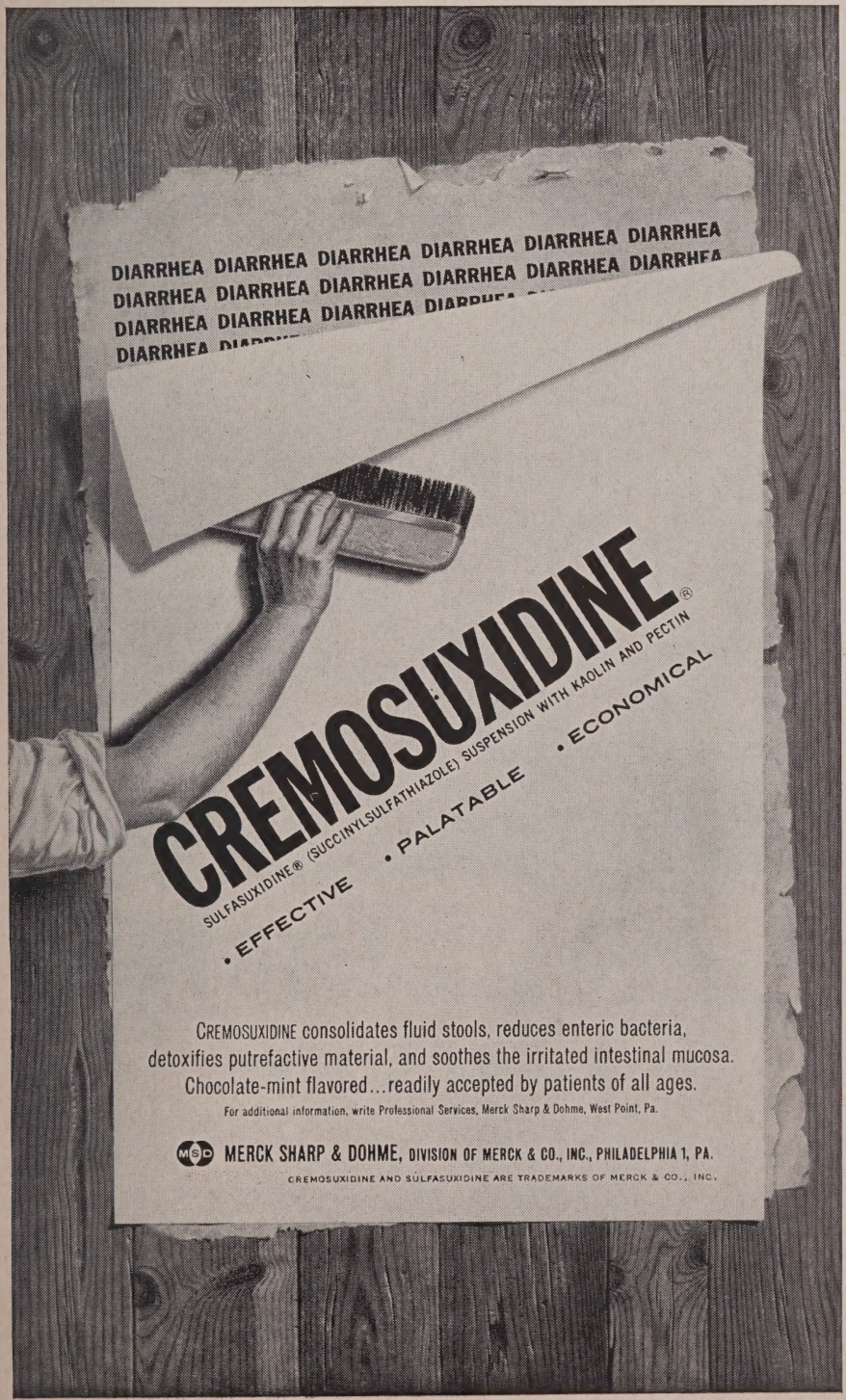
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## NEW CALL SYSTEM

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A central transmitter is located within the hospital, with an all-direction antenna on the roof. Each of around 100 doctors or hospital personnel carries in his pocket a small receiving unit, (6x4x1 inches). When a receiver-carrying person is needed, the hospital telephone operator activates a three-digit code, which reaches the carrier as a continuous, high pitched tone signalling him to contact the switchboard operator. This is a selective device, and only the person paged receives the tone on the device in his pocket. If the recipient fails to call the operator within 20 seconds, the tone resumes, as a reminder. The range of this call system is about one mile, indoors or outdoors.

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## VITAL STATISTICS

The official membership of Hampden District as of January 1, 1960 is as follows:

Active fellows: 464
Senior fellows: 42

Total: 506

We are entitled to 20 councilors.

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## MEDICAL TERMINOLOGY COURSE

A course in medical terminology will be given at the Wesson Memorial Hospital, Springfield, starting Tuesday evening, March 1, from 7:00 to 9:30 P. M.; this will continue for eleven weeks.

The course is sponsored by the Mass. Ass'n. of Medical Record Librarians. Secretaries to doctors and attorneys, medical record room personnel, insurance clerks, and anyone else interested will gain much valuable information by attending. There will be a charge of $20.00 for the course. More information may be secured from Miss French, medical record librarian, at the Wesson Memorial Hospital.

## ACADEMY

At the March 8th meeting of the Springfield Academy of Medicine the speaker will be Dr. Allan Stranahan, Assistant Professor of Thoracic Surgery, Albany Medical School, and Department of Thoracic Surgery, Albany Hospital. Topic to be announced. The Clinical Conference in the afternoon will be held at the Springfield Hospital, 5 p. m.

**Future Speaker (April 12, 1960)**

Edward A. Edwards, M. D., Associate Clinical Professor, Harvard Medical School. Topic will be "Peripheral Vascular Disease". The afternoon clinical conference will be held at the Wesson Memorial Hospital.

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## FOUR DAY MEETING FOR SURGEONS AND NURSES IN BOSTON

**February 29, March 1, 2, 3, 1960**

Surgeons, nurses and related medical personnel from throughout the country are invited to attend a comprehensive, four-day Sectional Meeting of the American College of Surgeons in Boston, Massachusetts, February 29 through March 3, 1960. Headquarters will be the Statler Hilton and Sheraton Plaza Hotels, with many sessions scheduled at leading Boston hospitals.

This four-day meeting, a once-yearly event inaugurated in Boston in 1953, will include sessions in general surgery and separate programs in the surgical specialties for gynecologists and obstetricians, ophthalmic surgeons, orthopedic surgeons, otolaryngologists, thoracic surgeons, urologists, and nurses. This meeting, like the annual Clinical Congress, is designed to inform the medical profession at large about developments in surgery, and to focus attention on newer ways of handling problems encountered in daily practice.

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The United States Public Health Service foresees, for the next two months, a continuation of local outbreaks of influenza, as opposed to a national epidemic such as occurred in 1957-58. Moreover, it anticipates that the incidence of influenza will probably decline below that of the last two years after having peaked by about the end of January or the first of February. The highly publicized epidemic which has been sweeping through Southern California has apparently been caused by the Asian 2 strain of influenza. In addition, the Los Angeles area picture has been confused with an unusually high prevalence of enteric disorders apparently caused by the E C H O 9 virus.

The picture locally has been and is confusing in that a variety of symptomatology has been manifested, namely, respiratory, enteric, and/or muscular. Therefore, not only must influenza viruses be kept in mind but also the adenoviruses, the E C H O viruses, the Coxsackie viruses, and the common garden viriety of bacteria.

Public health authorities are not making any urgent recommendations for widespread immunization with influenza vaccine at this time. It is rather being left to practicing physicians to judge whether or not influenza vaccine should or should not be administered. Certain individuals exposed to special health risks might be considered as good candidates, namely, expectant mothers and those with some debilitating chronic affliction. Use of polyvalent influenza vaccine including the Asian type is recommended.

In considering influenza vaccination, one must keep in mind that the course consists of two injections at about a three (3) week interval between each. Moreover, immunity does not develop until several weeks after innoculation.

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*References:* 1. Cronk, G. A.; Naumann, D. E., and Casson, K.: Antibiotics Annual 1957-1958, New York, Medical Encyclopedia, Inc., 1958, p. 397. 2. Childs, A. J.: Brit. M. J. *1*:660 (Mar. 24) 1956. 3. Newcomer, V. D.; Wright, E. T., and Sternberg, T. R.: Antibiotics Annual 1954-1955, New York, Medical Encyclopedia, Inc., 1955, p. 686.

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